



**Course title:** Integrated Healthcare Policies and Services  
**Course #/term:** SW 637, Winter 2021, Section 6  
**Time and place:** Tuesday, 2pm - 5 pm, via Zoom  
**Credit hours:** 3  
**Prerequisites:** --  
**Instructor:** Monica Sampson, LMSW  
**Pronouns:** She/Her/Hers  
**Contact info: Email:** [smonica@umich.edu](mailto:smonica@umich.edu) (You may expect a response within 48 hours)  
**Office:** N/A  
**Office hours:** By appointment (Zoom link provided in Canvas)

## 1. Course Statement

---

### Course description and content

- a. This course will examine the integration of policies, financing, organization and delivery of physical health and behavioral health (mental health and substance abuse) care services and programs for adults, youth and children. The primary focus of study will be the U.S. healthcare system, with international comparisons, including promotion, prevention, treatment and rehabilitation services in primary care, acute care, chronic care, and long-term care settings. The evolution of the integration of primary care and behavioral health care services will constitute the focus of our policy analysis. Historical and contemporary policy issues and trends, including ethical dilemmas, controversies, marginalized and stigmatized populations, social movements and the role of the Patient Protection and Affordable Care Act (ACA) as they affect access to care and health care quality will be discussed. Strategies for influencing policies and programs, inequities and disparities in care and the impact of key diversity dimensions such as ability, age, income, class, color, culture, ethnicity, family structure, sex, sexual orientation, gender identity, gender expression, marital status, national origin, race, religion and spirituality on health care, will be examined. Opportunities for direct involvement by students in the political and organizational processes used to influence policy and delivery systems will be encouraged. The course reflects the values of the profession and focuses on the role of the social worker as "social policy practitioner" in promoting the maintenance or attainment of optimal physical and mental health, recovery and wellness and social and economic justice.

**b. Course objectives and competencies**

Upon successful completion of this course, students will be better able to:

1. Describe the evolution, organization, and distribution of health care services in the U.S., including gaps and excesses, and inequities in access and quality of care, including physical and behavioral health services.
2. Identify the strengths and limitations of the U.S. healthcare system compared with health care systems in other countries and directions for needed change.
3. Describe financing mechanisms for health care services, including physical and behavioral health care, and the impact of these mechanisms on equity, access and successful integration of services.
4. Describe evidence-based models for health care delivery including integrated physical and behavioral health care services in a variety of settings and addressing a variety of populations.
5. Describe disparities in health care in the U.S., their sources, and systemic strategies for intervention.
6. Identify the role of government in healthcare policy and in planning, organizing, and delivering health and behavioral health services, including advocating for systems change.
7. Identify, describe and discuss the key elements of the Affordable Care Act, and assess progress toward implementation at the federal and state levels.
8. Discuss current ethical issues and controversies and apply ethical principles and decision-making in health care.
9. Identify the role of social work in policy development, services planning and delivery of health care and behavioral health care services.
10. Discuss innovative approaches to improving health care access, quality and delivery, particularly addressed to eliminating health care inequities.

**c. Course design**

This class will strive to foster a learning environment where each student can reflect critically on sources of power and mechanisms of oppression and privilege, construct a framework for justice, and examine sources of their beliefs and perspectives that helps to understand historical and modern health care systems and policies and how these influence access and care.

This course will work to create a climate that supports critical analyses, mutual learning, engaging within and across differences and examining sources of power and knowledge. It involves lectures, video, and participation in experiential activities. Additionally, this course will provide a forum to critically examine how health policy and care impact our multiple status locations, and shape our beliefs, assumptions, behaviors, and life experiences. Special attention will also be given knowledge about health equity and policy change, and principles of community advocacy.

Teamwork and collaboration is a central focus of the course design. To mirror the partnerships that social workers participate in at micro, mezzo and macro levels, students will have the experience to collaborate on teams, give and receive constructive feedback, and contribute to and manage complex projects, and navigate relationships with colleagues. Students will have the opportunity to simulate collaboration as part of a care team, part of an advocacy organization, and part of a research team or think tank.

The class will be very hands-on and will also utilize innovative resources in teaching content, including MOOCs, online training, webinars, videos, and simulations. Skills will be learned, practiced, and applied in class-based and project-based experiences.

Additionally, this course is an advanced level course with adult learners. Thus, the expectation is that students take charge of their own learning, their own participation and their support for the learning of their colleagues in the classroom. The class will consist of a combination of mini-lectures and direct application of skills in small groups or pairs to take theory to the level of community change. Students must come prepared to fully engage in order to get the most out of this class. Additionally, this class does not approach education from the “banking” perspective. Everyone in the classroom has expertise and experience to offer into the learning space. Thus, students will be asked to bring and share examples and root the larger theories of change in their own background and experience.

**Synchronous class:** Each week we will have synchronous (live) class time ranging from 60-90 minutes. However, to optimize our time together, acknowledge our (limited) attention spans, and to follow online teaching best practices, I will strive to keep our synchronous time closer to 60 minutes immediately followed by time to apply to lecture topics to skills lab assignments.

**Asynchronous class:** In addition to our limited synchronous time together, you are expected to engage in our course content via our Canvas modules, discussion boards and other course assignments each week. I highly encourage you to keep pace week by week with the asynchronous materials (including group work). This will keep you on track.

#### **d. Curricular themes**

##### **Theme Relation to Multiculturalism & Diversity**

Multiculturalism and Diversity issues will be integrated throughout the course and prominent in content and assignments related to health care disparities. The course will address a range of diversity dimensions (including ability, age, class, color, culture, ethnicity, family structure,

gender (including gender identity and gender expression), sex and sexual orientation, marital status, national origin, race, and religion or spirituality.

#### Theme Relation to Social Justice

Social Justice and Social Change will be addressed throughout the course, including content on equity, quality and access, ethical issues in healthcare, and the role of social work in promoting social justice and social change in the healthcare system.

#### Theme Relation to Promotion, Prevention, Treatment & Rehabilitation

Promotion, Prevention, Treatment, and Rehabilitation will be addressed through content on the organization of health care services, allocation of resources, ethical issues in healthcare, the delivery of preventive, primary, acute, chronic and long-term care and care for people with disabilities and in the scope of policies and services addressed in health care reform efforts.

#### Theme Relation to Behavioral and Social Science Research

Behavioral and Social Science Research will be presented throughout the course and will include findings from medical sociology, geography and anthropology; political science, health care economics and health psychology; social work, public health, nursing and medicine.

#### e. Relationship to social work ethics and values

The course reflects the values of the profession and focuses on the role of the social worker as "social policy practitioner" in promoting the maintenance or attainment of optimal physical and mental health, recovery and wellness and social and economic justice.

#### f. Intensive focus on Privilege, Oppression, Diversity and Social Justice (PODS)

This course integrates PODS content and skills with a special emphasis on the identification of practice, theories and/or policies that promote health equity, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of health equity and policy change, quality care and access, ethical issues in healthcare, and the role of social work in promoting social justice and social change in the healthcare system.

**g. Anti-Oppression Statement:** As a community, we encourage each other to critically examine issues related to power, privilege, and oppression. These issues; therefore, are integrated into each classroom experience. As a result, there will be class discussions that may be difficult or challenging. In order to have the most supportive environment possible, we must all commit ourselves to fostering an inclusive, anti-oppressive space in which each person takes responsibility for their own language, actions and interactions. It is important that we listen to each other about how our words and actions are affecting one another and the learning environment. We share the task of negotiating the dual priorities of authentic

free speech and active regard for one another, being open to diverse perspectives and ideas. We recognize that microaggressions happen; however, overt slurs in relation to race, age, ethnicity, gender, gender identity, gender expression, sexual orientation, religion/world view, immigration status, size, nationality, dis/ability, marital status, political affiliation, or any other identities, will be addressed directly. Throughout the course, we will negotiate other guidelines about class discussions.

## 2. Class Requirements

---

### a. Text and class materials

This class does not require a physical text. All readings, media, and handouts from recent social science/medical journals and pertinent news articles and/or social media publications, blogs, short videos, and other sources will be distributed to students via Canvas. This course will also include supplemental videos and social media use to enhance and support your learning experience. All items will be posted to Canvas, we are all responsible to check Canvas regularly throughout the week for updates to course materials and discussion boards.

#### Integrated Health Website Resources:

- [SAMHSA/HRSA Center for Integrated Health Solutions](#)
- [Agency for Healthcare Research & Quality \(AHRQ\) Integration Academy](#)
- [Kaiser Family Foundation](#)
- [The Commonwealth Fund](#)
- [The Milbank Memorial Fund](#)
- The National Council for Behavioral Health Website: [The Capitol Connector](#)

### b. Class schedule – subject to change

Synchronous Session	Topics Covered	Items Due this Week	Required Readings – To be read prior to class
1: Jan 19	Social Workers as Policy Practitioners and Social Work Ethics in Health Care		
2: Jan 26	History and Organization of U.S. Healthcare System, Affordable Care Act Impact	<i>Self-Reflexive Journal 1</i>	<p>Oberlander, J. (2019). Unfinished Journey: The Struggle over Universal Health Insurance in the United States. In. Oberlander, et. al. eds. <i>The Social Medicine Reader, Volume II, Third Edition</i> (p. 305-313). Duke University Press.</p> <p>Gorin, S. &amp; Moniz C. (2019) Health and mental health policy past, present, and future. In Reisch, M (Ed.),</p>

			<p><i>Social policy and social justice: Meeting the challenges of a diverse society.</i> (pp 411-438). Cognella.</p> <p>Berwick DM. The Toxic Politics of Health Care. <i>JAMA</i>. 2013;310(18):1921–1922. doi:https://doi-org.proxy.lib.umich.edu/10.1001/jama.2013.281965</p>
3: Feb 2	Financing of Health and BH Services		<p>Shrank, W. H., Keyser, D. J., &amp; Lovelace, J. G. (2018). Redistributing investment in health and social services—the evolving role of managed care. <i>Jama</i>, 320(21), 2197-2198.</p> <p>Cattel, D., Eijkenaar, F., &amp; Schut, F. T. (2020). Value-based provider payment: towards a theoretically preferred design. <i>Health Economics, Policy and Law</i>, 15(1), 94-112.</p>
4: Feb 9	Integrated health at policy and practitioner levels	<b>Framing the Issue (2/9)</b>	<p>Hoge M.A., Morris J.A., Laraia M., Pomerantz A., &amp; Farley, T. (2014). Core Competencies for Integrated Behavioral Health and Primary Care. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions.</p> <p>National Council for Behavioral Health. (October 2020). Making the case for high functioning, team-based care in behavioral health.</p>
5: Feb 16	Integrated health models		<p>Advisory Committee on Training in Primary Care Medicine and Dentistry. (2019). Integrated care: Meeting America’s 21st century healthcare training needs.</p> <p>Palmer, A., &amp; Markus, A. R. (2020). Supporting Physical–Behavioral Health Integration Using Medicaid Managed Care Organizations. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 47(2), 316-322.</p>
6: Feb 23	Workforce in Integrated Health		<p>Zerden, L. D., Lombardi, B. M., &amp; Richman, E. L. (2019). Social workers on the interprofessional integrated team: Elements of team integration and barriers to practice. <i>Journal of Interprofessional Education &amp; Practice</i>, 17, 100286.</p> <p>Crosson, J., Ellis, L., Haile, G., Higgins, T., Little, J., Dawson-Andoh, E., &amp; Bohn, A. (2016). Team-Based Care Initiative Baseline Evaluation Report. Princeton, NJ: Mathematica Policy Research.</p>

7:Mar 2	Integrated population health management	<b>Policy Analysis Presentation/Discussion (during class 3/2)</b>	<p>Jellinek, Michael. (2017). A Path Beyond Advocacy to Improve Mental Health Services for Children and Families: Population Health Management. <i>JAMA pediatrics</i>, 171(7), 615–616. Journal Article, United States: American Medical Association.</p> <p>Bowling, J., Baldwin, A., &amp; Schnarrs, P. W. (2019). Influences of health care access on resilience building among transgender and gender non-binary individuals. <i>International Journal of Transgenderism</i>, 1-13.</p>
8: Mar 9	Disparities deep-dive building on what was described in the very first class and each class since then, SDoH, ACEs/trauma, social worker self-care		<p>Jonathan M. Metzler and Dorothy E. Robert (2019). Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge. In Oberlander, et. al. eds. <i>The Social Medicine Reader, Volume II, Third Edition</i> (p. 170-187). Duke University Press.</p> <p>Moniz Chapters 10 Moniz, C. (2019). Analyzing the problem: Disparities in health for people of color. In C.D., Moniz &amp; Gorin, S.H. (fifth eds.) <i>Health care policy and practice: A biopsychosocial perspective</i> (pp. 204- 242). New York &amp; London Routledge.</p> <p>Moniz Chapters 11 Moniz, C. (2019). Analyzing the problem: Disparities in health for women, children, older adults, and the LGBTQ community. In C.D., Moniz &amp; Gorin, S.H. (fifth eds.) <i>Health care policy and practice: A biopsychosocial perspective</i> (pp. 243-302). New York &amp; London Routledge.</p>
9: Mar 16	Health Care Delivery - Governmental and Private	<b>Self-Reflexive Journal 2</b>	<p>Peikes, D., Taylor, E. F., O'Malley, A. S., &amp; Rich, E. C. (2020). The Changing Landscape Of Primary Care: Effects Of The ACA And Other Efforts Over The Past Decade: A description of primary care delivery system reform models developed and tested over the past decade by the Center for Medicare and Medicaid Innovation, which was created by the Affordable Care Act. <i>Health Affairs</i>, 39(3), 421-428.</p> <p>Community Catalyst. (2019). <i>Advancing Health Justice: Building a health system that works for everyone</i>. Boston, MA: Sherry, S. &amp; Miller, M. Retrieved from <a href="https://www.communitycatalyst.org/resources/publications/document/2019/CC_HealthJusticePaper_Final.pdf">https://www.communitycatalyst.org/resources/publications/document/2019/CC_HealthJusticePaper_Final.pdf</a></p>
MAR 23	<b>WELLNESS DAY - NO CLASS</b>		

10: Mar 30	Public Health	<b>Policy Brief (4/4)</b>	<p>Budd, Jobie, Miller, Benjamin S, Manning, Erin M, Lampos, Vasileios, Zhuang, Mengdie, Edelstein, Michael, Rees, Geraint, et al. (2020). Digital technologies in the public-health response to COVID-19. <i>Nature medicine</i>, 26(8), 1183–1192. Research Support, Non-U.S. Gov't, United States: Nature Publishing Group.</p> <p>Tabak, R. G., Eyler, A. A., Dodson, E. A., &amp; Brownson, R. C. (2015). Accessing evidence to inform public health policy: a study to enhance advocacy. <i>Public health</i>, 129(6), 698-704.</p>
11: Apr 6	Special Topics: (1) Crisis Services (2) Pharma industry, vaccines	<b>Self-Reflexive Journal 3</b>	<p>SAMHSA - National Guidelines for Behavioral Health Crisis Care</p> <p>Paltiel, A. D., Zheng, A., &amp; Schwartz, J. L. (2021). Speed versus efficacy: quantifying potential tradeoffs in COVID-19 vaccine deployment. <i>Annals of Internal Medicine</i>.</p>
12: Apr 13	Special Topics: (1) International Comparisons (2) Long-Term and Palliative Care		<p>Tikkanen, R &amp; Abrams, M.K. (2020). U.S. health care from a global perspective, 2019: Higher spending, worse outcomes?. Commonwealth Fund. <a href="https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019">https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019</a></p> <p>Kim, Farmer, Porter. (2013). Redefining Global Health Care Delivery. <i>Lancet</i> 2013: 1060-69. <a href="http://dx.doi.org/10.1016/S0140-6736(13)61047-8">http://dx.doi.org/10.1016/S0140-6736(13)61047-8</a></p> <p>Basilico et. al. (2013). A Movement for Global Health Equity? In <i>Reimagining global health : an introduction</i>. California series in public anthropology ; 26. Farmer, Paul, Kim, Jim Yong, Kleinman, Arthur, &amp; Basilico, Matthew (Eds.). Berkeley: University of California Press. pp 340-53.</p> <p>Patel, Farmer (2020). The Moral Case for Global Mental Health Delivery. <i>The Lancet</i> vol. 395, Jan 11, 2020. pp108-9.</p> <p>Rosa et. al. (2020). The Global Nursing Workforce: Realising Universal Palliative Care. <i>The Lancet</i> Vol 8, March 2020</p>
13: Apr 20	Future of integrated health	<b>Self-Reflexive Journal 4 (4/21)</b>  <b>Advocacy Application (4/25)</b>	<p>Iyengar, K., Mabrouk, A., Jain, V. K., Venkatesan, A., &amp; Vaishya, R. (2020). Learning opportunities from COVID-19 and future effects on health care system. <i>Diabetes &amp; metabolic syndrome</i>, 14(5), 943–946. <a href="https://doi.org/10.1016/j.dsx.2020.06.036">https://doi.org/10.1016/j.dsx.2020.06.036</a></p> <p>Oliver, K., Lorenc, T., Tinkler, J., &amp; Bonell, C. (2019). Understanding the unintended consequences of public health policies: the views of policymakers and evaluators. <i>BMC public health</i>, 19(1), 1-9.</p>



c. Assignments:

**Self-Reflexive Journals (4):** 20% (20 points, 5 points each – Pass/Fail)

**Health Policy Analysis Group Project Part 1: Policy Analysis Proposal:** 15% (15 points)

**Health Policy Analysis Group Project Part 2: Policy Analysis Presentation** 20% (20 points)

**Health Policy Analysis Group Project Part 3: Policy Brief:** 30% (30 points)

**Health Policy Analysis Group Project Part 4: Policy Brief Advocacy Application:** 15% (15 points)

**Submission of Assignments**

All assignments must be submitted online via Canvas before or by 11:59pm on the day it is due as indicated on the syllabus. If you are unable to submit online for any reason, email the professor your assignment directly. If you do not contact the professor to explain that Canvas is not working, and do not email the assignment, your assignment will be considered late.

***Self-Reflexive Journals (4) – 20%, (5% each)***

DUE – 1/26, 3/16, 4/6 & 4/21 at 11:59pm

Throughout this course, you will complete a total of four (4) reflections detailing your learning, growth, and areas of needed clarification in this class. You will be provided an article, video, or other resource to review and then discuss your reflections through a critical consciousness lens. Reflexive journals may include your observations and subjective experiences, but should always be tied to course content and theory, and at least one (1) reading or lecture should be cited. For example, reflections may include discussion on how course content is applicable to current health policy, health administration, health management, or health equity issues happening locally, nationally, within your field placement, or otherwise. All sources should be cited using APA-format. You may choose the delivery format of your self-reflexive journals such as a written document, a graphical document, or a video recording. If you have another creative method for delivering your reflexive journal, please notify the instructor.

Prompt Topics (more details on Canvas):

1. Characteristics of White Supremacy in Healthcare
2. Application of Course Content to your Field Placement
3. Self-Care
4. Learning Outcomes from the Course (option for meeting and discussing with instructor)

<b>Criteria</b>	<b>Exemplary Performance</b>	<b>Division</b>
<b>Accuracy</b>	Journal entry represents the author’s ideas, thoughts, or conclusions accurately, fairly, and eloquently. It shows a firm understanding of the implications of each author’s argument(s), or	<b>20%</b>

	asks questions when there is not a firm conclusion. It is authentic to the author, and not regurgitating thoughts already shared in the class or from others.	
<b>Argument</b>	Journal entry fully meets the requirements of the assignment. It explores implications of chosen ideas for the assigned topic in thoughtful and/or original ways. It makes convincing and personalized case for why selected key ideas connect and/or uses texts, class discussions, and/or lectures to support.	<b>20%</b>
<b>Clarity and Presentation</b>	Journal entry consistently uses precise and unambiguous wording. It has clear and lucid sentence structure. It has minimal use of quotations and effectively frames first-person perspective in the text. It is clean, correctly formatted in APA style (12-point font, Times New Roman or Arial, 1” margins), and written in full sentences. All citations (if there are any) are properly attributed and cited in a consistent style. There are virtually no spelling or grammatical errors.	<b>10%</b>

\*Modified from Eberly Center for Teaching Excellence

***Health Policy Analysis Group Project (80%)***

The class will be divided into teams for developing a four-part health policy analysis and advocacy application, throughout the semester. The purpose of this assignment is to identify and understand the historical and current context that shapes policy development, implementation, and evaluation. As integrated health policy and care are implemented through collaborative internal teams and/or external community partners, group work is a foundational component focus of this assignment. Teams are expected to meet outside of synchronous class time, however, the instructor will provide time following our synchronous class lectures/discussion whenever possible.

As the teams are assigned, the teams should decide on a project timeline and which activities are done collectively and which activities will be divided up and integrated later on. This is completely open to interpretation and the interest areas of the group. Since this class and the field of integrated health heavily relies on group and team collaboration, participation includes your contribution to a positive and constructive team learning environment and experience. Student will complete the Self and Peer Assessment that indicates how well the team worked together, and if each member contributed in a valuable way to the project. These assessments will inform the participation grade for the course.

**Part 1: Policy Analysis Proposal/Framing the Issue: 15%**  
**DUE 2/9/21 @ 11:59 PM**

Your team must submit a 2-page proposal of your team’s selected topic area and policy focus (with 3-6 references). This proposal must identify the health care or policy problem (unethical care, discrimination, program effectiveness, funding mechanisms, etc), select a specific health policy (existing or proposed), and identify the target population the policy was developed to impact.

<b>Criteria</b>	<b>Exemplary Performance</b>	<b>Points (15 max)</b>
<b>Introduction</b>	Introduction of team members and why you’re interested in exploring this health topic/issue.	<b>1</b>
<b>Introduction of the health or social issue</b>	Introduction to the health or social issue explaining why it is important for a policy analysis.	<b>3</b>
<b>Introduction of the existing policy</b>	Select a health policy at the federal or state level. Provide a brief summary of the policy and how it addresses the identified health/social issue.	<b>3</b>
<b>Identify target population</b>	Identify the population this policy was intended to impact and how it goes about doing so.	<b>2</b>
<b>Conclusion</b>	Succinctly summarize the main points of your proposal. Include 3-5 references your team intends to use.	<b>1</b>
<b>Clarity &amp; Presentation</b>	Proposal consistently uses precise and unambiguous wording. It has clear and lucid sentence structure. It has minimal use of quotations and effectively frames first-person perspective in the text. It is clean, correctly formatted in APA style (12-point font, Times New Roman or Arial, 1” margins), and written in full sentences. All citations (if there are any) are properly attributed and cited in a consistent style. There are virtually no spelling or grammatical errors.	<b>5</b>
<b>Total</b>		<b>15</b>

**Part 2: Policy Analysis Presentation and Discussion: 20%**

**DUE: 3/2/21 During Class - Submit presentation prior to class**

For this assignment, each team will explore, in-depth, the historical and current context shaping the policy, what US and societal values influence this policy, identify the benefits and gaps of the policy. This includes the process of briefly describing the scope of the problem, major cause(s) and consequences. By the end of the presentation, everyone should have a basic understanding of the issue being explored, the policy selected to address it and the scope of the policy’s impact on its intended population from a diversity, equity and inclusion lens.

Presentations may not be longer than 15 minutes and then there is 15 minutes for discussion – come prepared with three discussion questions to ask the class. There should be a visual component (poster, Powerpoint, Prezi, etc.), and all images should include a description for accessibility. Visual representation should include the context that they were obtained (name of commercial/movie, topic of a billboard, artist, or physical location of artwork). The last screen of the presentation should include a reference list. The team will work with facilities staff to arrange any audio-visual needs, if necessary.

<b>Criteria</b>	<b>Exemplary Performance</b>	<b>Points (20 max)</b>
<b>Introduction</b>	Each team member introduces themselves and lead with a compelling quote, statement, story or other feature to set up the conversation. Explain why people should pay attention.	<b>1</b>
<b>Scope of the issue</b>	Make this topic or population real and relevant to your audience. Frame the issue with statistics or evidence of the pressing need/problem. Give historical or current context as needed (operate as if the audience is not at all familiar with the topic).	<b>3</b>
<b>Introduction of the existing policy</b>	Describe the existing policy and provide a summary of how it addresses the health/social issue. Identify the population this policy was intended to impact using data and statistics.	<b>2</b>
<b>Identify values, benefits and gaps of policy</b>	Provide a brief summary of whether or not your group thinks the policy does an adequate job in achieving its intended impact, explain why or why not with empirical evidence (journal articles, white papers, etc). What US or societal values are incorporated into this policy? Describe the arguments for support and opposition to this policy.	<b>2</b>
<b>Identify key stakeholders and</b>	Identify the key stakeholders and the organization(s) leading any efforts and strategies to address this policy. Who developed, implements, and evaluates it? Who is most impacted by these decisions??	<b>2</b>
<b>Identify areas of diversity, equity and inclusion aspects of the policy.</b>	Describe how this policy is intended to address diversity, equity and inclusion. Is it maintaining or reinforcing the status quo? Are there any unintended consequences of people or communities that may be negatively or positively impacted by it? Describe any communities left out from the original intent of the policy.	<b>2</b>

<b>Social Work Practice Implications</b>	Using the NASW Code of Ethics, identify what social work values are embedded in this policy and what are the implications for social work practice.	<b>2</b>
<b>Wrap Up</b>	Succinctly summarize the main points of your presentation.	<b>1</b>
<b>Clarity &amp; Presentation</b>	The storytelling is clear and coherent. Each argument is convincing and uses evidence from the readings or outside sources to support positions. Consenting is engaging and communicates complex topics in a way that the general public can understand. There is good quality of films/sound/photos/illustrations, and it is clear that thought and effort have been put into this final product.	<b>5</b>
<b>Total</b>		<b>20</b>

### **Health Policy Analysis Group Project Part 3: Policy Brief: 30%**

**DUE 4/4/21 @ 11:59 PM**

This assignment is to continue to explore a health policy topic incorporating various perspectives and using this information to convey recommendations for next steps. The policy brief is a written document that describes the issue the policy attempts to address, background related to the issue, information that informs the issue (this may include current law, debate about the issue, data about the issue), policy options for addressing the issue, and your team’s recommended policy solution. This assignment also requires a form of community engagement that involves identifying an organization/stakeholder already involved in addressing the policy problem you have been analysing. This may include key informant interview or researching gray literature from an organization working on the policy to get a better understanding of current policy efforts.

Policy briefs should be created with the target audience being an “on the fence policy-maker.” Briefs should be no longer than 8 pages (not including citations) and your team is highly encouraged to use a creative method of content delivery (graphs, tables, figures, and other visuals). Teams should ensure they have responded to all of the instructions below to present an attractive, professional document, with all sources cited as endnotes or footnotes. One paper will be submitted for the entire group.

<b>Criteria</b>	<b>Exemplary Performance</b>	<b>Points (30 max)</b>
<b>Executive Summary</b>	One or two paragraph overview of the problem and the proposed policy action.	<b>3</b>

<b>Statement/Scope of Issue/Problem</b>	A succinct 2-3 sentences describing the health issue being addressed by this policy brief. This should convince the reader that action must be taken to address this issue and that the status quo is not enough.	<b>5</b>
<b>Current effort or strategies description/community voice</b>	Using an organization or other key stakeholder leading the change effort or key strategies that address the issue from Part II – select either a key informant to interview or gray literature to cite. This component of the assignment should inform previous and current efforts being implemented to address the issue/change a policy.	<b>2.5</b>
<b>Policy Alternatives</b>	In addition to policy alternatives described by an organization or stakeholder, discuss other current approaches and proposed options. What are some of the arguments being offered by those in both opposition and support of alternatives? It should be unbiased and account for various positions and values that may influence the intended issue.	<b>2.5</b>
<b>Policy Recommendation</b>	Provide a description of your team’s selected policy recommendation/solution and provide supporting evidence on why it’s the most desirable.	<b>5</b>
<b>Conclusion</b>	Succinctly summarize the main points of your brief.	<b>2</b>
<b>Clarity, Incorporation of Feedback &amp; Presentation</b>	The policy brief consistently uses precise and unambiguous wording. It’s visually appealing, concise, and easy for the intended audience to read. It has clear and lucid sentence structure. It incorporates instructor and peer feedback from Part 2. All references are of quality and properly attributed and cited in a consistent style. There are virtually no spelling or grammatical errors.	<b>5</b>
<b>Total</b>		<b>30</b>

**Health Policy Analysis Group Project Part 4: Application of Policy Brief: 15%**

**Final Assignment: Advocacy Application of Policy Brief**

**Due: 4/25/21**

This last part of the policy analysis assignment is focused on the application of putting theory into practice. Your team will select one option below or please notify your instructor if you would like to choose a different/creative advocacy strategy for this assignment. Using the information and work you have completed thus far from Parts I, II, & III, your team will apply that knowledge to a form of advocacy practice that will be dependent upon your policy analysis

topic area (organizational, local, state, federal, etc). The advocacy strategy you choose should be based upon what makes the most sense for your topic area and policy recommendation. For example, if you have been examining an organizational policy, a letter to a public official would not make sense for this assignment. Your team may or may not implement your advocacy strategy; however, you are encouraged to make it as realistic as possible.

**A. Advocacy Letter Writing:** Writing letters to public officials and organizations is a common form of political action for both clients and social workers. Clients telling their personal stories put a “face” on a problem. Social workers and other professionals attempt to influence policy by not only telling their client’s stories but also by adding “facts and figures” about the problem or issue.

Relevant Field Educational Agreement (s):

- I will identify and evaluate relevant social policies that impact service delivery and access to services relevant to my agency.
- I will utilize critical thinking skills to analyze and advocate for policies that promote human rights and social justice for all, and discuss regularly in supervision with my field instructor.

Prepare a letter to an elected official regarding your chosen policy issue. You are not required to actually send the letter; however it must demonstrate the appropriate format and content. In the letter, explain how you want the legislator to vote on the position and why. Your letter should include reference to the policy, facts and figures regarding the policy from reputable sources.

This letter should be no more than one page, single spaced. Use this resource to help guide you: <https://ctb.ku.edu/en/table-of-contents/advocacy/direct-action/letters-to-elected-officials/main> (Links to an external site.)

Attach a reference list of your resources in APA style. To be taken seriously, advocacy letters to the media and elected officials must be well-organized and written with excellent grammar and spelling.

**B. Infographic:** “Infographics have an emotional power because they can show you an idea — or a relationship, or how something works — very quickly. People respond to that. A persuasive infographic surprises the viewer. It moves them in some way and makes them want to keep looking at it or show it to other people (Ovans, 2014).” Review (Ovans, 2014) to further understand the importance and power of infographics: <https://hbr.org/2014/04/what-makes-the-best-infographics-so-convincing>

Relevant Field Educational Agreement (s):

- I will identify and evaluate relevant social policies that impact service delivery and access to services relevant to my agency.
- I will utilize critical thinking skills to analyze and advocate for policies that promote human rights and social justice for all, and discuss regularly in supervision with my field instructor.

For this assignment you will create a one page infographic on a policy that you are interested in. Many students have used Canva in the past for this assignment; however, you can also use any software that you feel most comfortable using. You will not be graded per say on your graphic design skills but on your ability to convey the importance of your policy issue.

1. It is clear to the viewer what your policy is?
2. Does your infographic share important statistics or information that is relevant to your policy?
3. Would the viewer be able to interpret the importance of the issue at hand (i.e. is language persuasive and relates to social work values and ethics)?

**C. Mock Testimony (organization, city, state, federal):** A succinct testimony provides information about the scope of the issue, existing policy, policy alternatives/current efforts (including key points from key informant interview).

1. Introduction: Who you are and why you are there to testify. Explain to people why they should pay attention.
2. Summarize policy main points: A succinct presentation of the policy's main points that provides information about the scope of the issue, existing policy, policy alternatives/current efforts (including key points from key informant interview).
3. Description of Policy Recommendations: Persuasively present your selected policy recommendation/solution and provide supporting evidence on why it's the most desirable.
4. Social Work Practice Implications: Using the NASW Code of Ethics, identify what social work values are embedded in this policy recommendation and what are the implications for social work practice.
5. Wrap Up: Succinctly summarize the main points of your presentation.
6. If opportunity is available, present at relevant entity

**D. Create an organizational Committee:**

Based on your analysis of the organizational policy, would creating an internal committee be an advocacy strategy that can be implemented to address any gaps or issues. Here are things to consider in developing a committee:

1. The scope of the committee: Are you going to focus on getting to the agency by car or bus or will you also include telehealth services? I.e. access to telephone or computer? Would it be best to include all or separate telehealth services from accessibility by car or bus?
2. The expectations of the committee: How many people? How often will you meet? Is this a volunteer committee or will you be asking individuals from the executive committee to participate?
3. Goals of the committee? 1 or 2 goals. Please identify.
4. Deliverables of the committee: What information will you share with the broader agency?
5. Resources and budget of the committee: Do you need additional funds to run the committee or access to budgets or records.



6. Governance or human resources of the committee: Who is in charge? How will you vote? Who will you report to and how often. Is this a ad hoc committee or a permanent committee?

Criteria	Exemplary Performance	Points (15 max)
Introduction	Introduce yourselves and relevance as it relates to the topic area such as leading with a compelling quote, statement, story or other feature to set up the conversation. Explain why people should pay attention.	1
Synthesize Policy Brief Main Points	A succinct summarization of the policy brief that provides information about the scope of the issue, existing policy, policy alternatives/current efforts.	2
Description of Policy Recommendation	Persuasively discuss you/your team's selected policy recommendation/solution and provide supporting evidence on why it's the most desirable outcome.	4
Social Work Practice Implications	Using the NASW Code of Ethics, identify what social work values are embedded in this policy recommendation and what are the implications for social work practice.	2
Wrap Up	Succinctly summarize the main points in a conclusion with a concrete ask to your target stakeholder(s).	1
Clarity & Presentation	The storytelling is clear and coherent. Each argument is convincing and uses evidence from the readings or outside sources to support positions. Presentation of information is engaging and communicates complex topics in a way that the general public can understand. There is a good quality of formatting/films/sound/photos/illustrations, and it is clear that thought and effort have been put into this final product.	5
Total		15

## 5. Grading

It is important to keep in mind that ***you are not your grade!*** Students come to graduate school with a wide range of academic experiences and preparedness. Thinking and writing about complex issues and abstract concepts can be very challenging for many students. If you are satisfied with the level of effort you have invested in the course, and you earn a grade of B or better, I hope you will feel very good about your performance.

### **Excellent Work**

Excellent work is work that is above course expectations. Grades in the 94 to 100 range constitute an A which translates to a 4.0. Grades in the 91 to 93 range constitutes an A minus which translates to a 3.7. Students display excellent work (***beyond course expectations***) in several ways: evidence that additional readings, beyond what is assigned, have been completed and integrated into written or in class presentations/participation; superior written work; evidence of critical thinking; demonstration of advanced practice skills applied to practice; and creativity and innovation in conceptual as well as practice-related thinking are frequently seen in the student's work.

### **Good Work**

Good work is work that meets course expectations. Grades in the 88 to 90 range constitute a B plus which translates to a 3.3. Grades in the 84 to 87 range constitute a B which translate to a 3.0. Grades in the 81 to 83 range constitute a B minus which translates to a 2.7. Students display good work in several ways: basic mastery of course material is evident in written or in class presentations/participation; solid development of practice skills fitting with concentration-year expertise is evident; and creativity and innovation are noted but to a lesser degree and less frequently than that in the "excellent" category.

### **Work Minimally Meets Course Expectations**

Marginal work is work that meets minimal course expectations. Grades in the 78 to 80 range constitutes a C plus which translates to a 2.3. Grades in the 74 to 77 range constitute a C which translates to a 2.0. Grades in the 71 to 73 range constitute a C minus which translates to a 1.7. Students display marginal work in several ways: through evidence that course readings have not been covered, as observed in written or in class presentations/participation; conceptual confusion and difficulty with critical thinking are evident in written and verbal work; and through work that lacks an integration of theory and practice.

### **Failing Work**

Grades in the 0 to 70 range constitute an F which translates to a 0.0. Student demonstrates poor or unacceptable work during the course in several ways: inadequate understanding of course content, poor quality written work, plagiarism, and poor or unethical demonstration of practice skills.

Assessment Classification	Range	Grade	Grade Point
Excellent Work	94-100	A	4.0
(above course expectations)	91-93	A -	3.7
Good Work	88-90	B+	3.3
(meets course expectations)	84-87	B	3.0
	81-83	B-	2.7
Poor Work	78-80	C +	2.3
(meets minimal course expectations)	74-77	C	2.0
	71-73	C -	1.7
Failing Work	70-0	F	0.0

More information on MSW Student Guide policies on [Grades in Academic Courses and in Field Instruction](#) as well as [Student Grievance procedures](#) and the [policy for grading in special circumstances](#). Here are some resources around [testing and grading from CRLT](#).

### WINTER 2021 SEMESTER NOTE:

This semester will continue to pose many challenges to our physical and emotional wellbeing. We are still living through a pandemic, have a shifting political environment leading to community mobilization and civic unrest, and our semester will be occurring through a tumultuous and contentious transfer of presidential power and the fallout thereafter. Considering the stress and distress these factors will contribute to our daily lives throughout the semester, I encourage you to think about your capacity and strive for trying your best and not for perfection. Please communicate often with your instructor with any barriers or issues that come up throughout the semester so we can collaboratively support your success in this course.

## 6. Other Policies

### Class Recording and Course Materials

Audio and video recording of in-class lectures and discussions is prohibited without the advance written permission of the instructor. Students with an approved accommodation from the Office of Services for Students with Disabilities permitting the recording of class meetings must present documentation to the instructor in advance of any recording being done. The instructor reserves the right to disallow recording for a portion of any class time where privacy is a special concern. If the instructor chooses to record a class, they will decide which classes, if any, are recorded, what portion of each class is recorded, and whether a recording is made available on the course management website. On days when classes are recorded, students will be notified a recording is occurring. Class recordings and course materials may not be reproduced, sold, published or distributed to others, in whole or in part, without the written consent of the instructor.

## **COVID-19 Statement**

For the safety of all students, faculty, and staff on campus, it is important for each of us to be mindful of safety measures that have been put in place for our protection. By returning to campus, you have acknowledged your responsibility for protecting the collective health of our community. Your participation in this course on an in-person/hybrid basis is conditional upon your adherence to all safety measures mandated by the state of Michigan and the University, including maintaining physical distancing of six feet from others, and properly wearing a face covering in class. Other applicable safety measures may be described in the Wolverine Culture of Care and the University's Face Covering Policy for COVID-19. Your ability to participate in this course in-person/hybrid may be impacted by failure to comply with campus safety measures. Individuals seeking to request an accommodation related to the face covering requirement under the Americans with Disabilities Act should contact the Office for Institutional Equity. If you are unable or unwilling to adhere to these safety measures while in a face-to-face class setting, you will be required to participate on a remote basis. I also encourage you to review the Statement of Student Rights and Responsibilities and the COVID-related Addendum to the Statement of Student Rights and Responsibilities.

## **Health-Related Class Absences**

Please evaluate your own health status regularly and refrain from attending class and coming to campus if you are ill. You are encouraged to seek appropriate medical attention for treatment. School of Social Work students who miss class due to illness of any kind will be given opportunities to access course materials online or provided with alternative learning opportunities. Please notify me by email about your absence as soon as practical, so that I can make accommodations. Please note that documentation (a doctor's note) for medical excuses is not required.

## **Inclusivity Policy**

Social and economic justice is one of the key themes of social work practice, research, and education. As a social work community, we must encourage each other to critically examine issues related to power, privilege, and oppression. As a result, there will be class discussions, activities, or assignments that may be difficult or challenging. In order to have the most supportive environment possible, we must all commit ourselves to fostering an inclusive, anti-oppressive space in which each person takes responsibility for their own language, actions and interactions. It is important that we actively *listen* to each other about how our words and actions are affecting one another and the learning environment, knowing the impact is more important than intent. It can be difficult to navigate the dual priorities of supporting authentic free speech, and holding active regard for one another being open to diverse perspectives and ideas. I recognize that microaggressions happen (by all of us, to all of us); however, overt slurs in relation to race, sex, age, ethnicity, gender, gender identity, gender expression, sexual orientation, religion/world view, immigration status, size, nationality, dis/ability status, marital

status, political affiliation, or any other identities, will be addressed directly. Throughout the course, we will negotiate other guidelines about class discussions. Please bring your best selves to our classroom space.

---

Additional School and University policies, information and resources are available here: <https://ssw.umich.edu/standard-policies-information-resources>. They include:

- *Safety and emergency preparedness*
- *Mental health and well-being*
- *Teaching evaluations*
- *Proper use of names and pronouns*
- *Accommodations for students with disabilities*
- *Religious/spiritual observances*
- *Military deployment*
- *Writing skills and expectations*
- *Academic integrity and plagiarism*